

Certified Correct:

## Republic of the Philippines

		To La	PROVINCE OF IS.					
Paradian .	PURCHASE ORDER upplier: Gcmed Pharmaceutical Distributor					-1 -07 11	Inun-1	
						P.O. No.: 21-08 - 40100A  Date: Aigust 23, 2021		
		19, VIIIa Chri	stine Royalle, San Miguel, Pasig Cit	У	Date:	Majust 2	3,202	
Gentlem		sh this office	the following articles subject to the ter	rms and conditions	contained here	ein:		
Place of Delivery: PGSO Delivery Ter								
Date of De	elivery :	seven (7) days after receipt of P.O.		Payment Term	ment Term:		Check	
Item No.	Unit	Quantity	Description		Unit Cost	A	mount	
1	рс	6	Model  Model	, Stand by	32,000.00		192,000.00	
	er every day o	of delay shall b	Pharmaceutical Distributor ature over printed Name		RODOL	h	ANOIP	
			8-13-21					
			(Date)					
		hase pursuant to Resolution No.:	Section 369 (a) of RA 7160, this portion must b	e accomplished).				



Date: \_